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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/843,999	04/27/2001	Stephen Roy Rumbaugh	04096P009	1643	
75	90 03/19/2003				
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025-1026			EXAM	EXAMINER	
			NGUYEN, HUNG T		
			ART UNIT	PAPER NUMBER	

DATE MAILED: 03/19/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Înte	rview	Sumi	nary
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Application No. 09/843,999

Applicant(s)

Examiner

Rumbaugh et al.
Art Unit

HUNG NGUYEN

2632



All participants (applicant, applicant's representative, PTO	personnel):
(1) HUNG NGUYEN	(3)
(2) James H. Salter	
Date of Interview Mar 17, 2003	_
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d)  Yes	e) 🛛 No. If yes, brief description:
Claim(s) discussed: 1-7 and 26-32	
Identification of prior art discussed:	
Agreement with respect to the claims f) X was reached	I. g)□ was not reached. h)□ N/A.
Substance of Interview including description of the general any other comments:	I nature of what was agreed to if an agreement was reached, or
	ntion includes claims 1-7 & 26-32 with traverse and withdrew
from consideration of Groups B, C & D .	
	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is
i) 🛛 It is not necessary for applicant to provide a sepa	arate record of the substance of the interview (if box is checked).
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FR	MAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE rd of Interview requirements on reverse side or on attached

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required